No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17739

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont
d. STREET ADDRESS (If rural, give location):

1110
0

3. NAME OF DECEASED (Type or Print)
a. (First): Clint
b. (Middle):
c. (Last): Pevril

4. DATE OF DEATH (Month): 6 (Day): 4 (Year): 54

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 25, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Reynolds Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Pevril
13b. MOTHER'S MAIDEN NAME: Martha Bearden
14. NAME OF HUSBAND OR WIFE: Lena Belle Farries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-40-4102
17. INFORMANT'S SIGNATURE OR NAME: Clifford Pevril — **ADDRESS**: Overland, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6/4/54, 19___, *to* 6/4/54, 19___, *that I last saw the deceased alive on* 4/4/54, 19___, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title):
23b. ADDRESS: Piedmont, Mo.
23c. DATE SIGNED: 6/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-54
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: June 6, 1954
REGISTRAR'S SIGNATURE: Hazel Ward 460
25. FUNERAL DIRECTOR'S SIGNATURE: Norman W. Gish — **ADDRESS**: Piedmont, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 10 1954
WAYNE CO. HEALTH CENTER
FILE No. 654-27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.